



## CUSTOMER SERVICE SURVEY

### York-Poquoson Social Services

Return by mail: County of York  
York-Poquoson Social  
Services  
301 Goodwin Neck Road  
Yorktown, VA 23690

Return by Email: [socser@yorkcounty.gov](mailto:socser@yorkcounty.gov)

Return by FAX: (757) 890-3934

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#### **What was the nature of your visit or contact with York/Poquoson Social Services?**

- ☐ Benefits (SNAP, TANF, Medicaid, FAMIS)
- ☐ Child Care
- ☐ Child Welfare (Child Protective Services, Prevention Services, Foster Care/Adoption, Court Services)
- ☐ Adult Services
- ☐ Service Intake
- ☐ View

**Other (please specify):**

#### **Was your contact:**

- ☐ In person
- ☐ Via telephone
- ☐ Using the County website

#### **Were you seen in a timely manner?**

- ☐ Yes
- ☐ No

**Comments:**

#### **Does staff clearly explain what programs and services are available?**

- ☐ Yes
- ☐ No

**Comments:**

**Does staff explain what the agency can do to assist you?**

- ☐ Yes
- ☐ No

**Comments:**

**My case worker listens to my concerns and understands my needs:**

- ☐ Yes
- ☐ No

**Comments:**

**Do you sense your information is kept private?**

- ☐ Yes
- ☐ No

**Comments:**

**Was the receptionist courteous?**

- ☐ Yes
- ☐ No

**Comments:**

**Do we return your telephone calls in a timely manner?**

- ☐ Yes
- ☐ No

**Comments:**

**Did we see you on time for your appointments?**

- ☐ Yes
- ☐ No

**Comments:**

**When my caseworker says she/he will do something, she/he does it:**

- ☐ Yes
- ☐ No

**Comments:**

**My caseworker is encouraging and helps me succeed:**

- ☐ Yes
- ☐ No

**Comments:**

**Did we complete your case on time?**

- ☐ Yes
- ☐ No

**Comments:**

**How would you rate your overall experience with York/Poquoson Social Services?**

- ☐ Excellent
- ☐ Good
- ☐ Average

- Poor

**Case Worker Name:**

**Your Name (optional):**

**Your telephone number (optional):**